



# 2003 - ANNUAL REPORT OF SELF-INSURED BUSINESS (SIF-7)

## Section A Claim Costs from Quarters

Qrt End Mar 31

Qrt End Jun 30

Qrt End Sep 30

Qrt End Dec 31

This report is required by WAC 296-15 -221(4b) and must be received by the Department by **MARCH 1, 2004.**

**Failure to submit by due date is subject to a penalty of \$500.00 in accordance with RCW 51.48.080.**

Contact name:

UBI

Firms Name:

Account ID

Address:

## Cash Pension only

### Total Adjusted Claim Payments

(equal section B, total of column 2)

\$

### Section B: total column 2 must be equal to Section A, Total Adjusted Claim Payments.

Year of Injury	Claim Payments Previous Annuals	Current Year Claim Payments	Total Claim Payments (1) + (2)	Reported Reserves	# Open Claims	# Claims Incurred	Bonded Pension Included in Column 4	Estimated Re-Insurance Included in Column 4	Fully Funded Pension Included in Column 3
							List on Reverse, Section (1) (2)		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
91&Prior									
1992									
1993									
1994									
1995									
1996									
1997									
1998									
1999									
2000									
2001									
2002									
2003									
TOTAL									

Prepared by (please type ):

Phone:

Location of records:

Date:

Certified correct by: (signature):

Note: if any corrections are made in the amount in Section A, and/or Section B, Col. 1 the amended reports(s) must be submitted with this annual report for the quarter(s) and/or annual (s) that are affected.

(1) Bonded & Fully funded pensions listed on the front (col 7 and/or 9)

Claimant's Name	Claim Number	Year Of Injury	Fully Funded?	Amount Of Pension

(2) Re-insurance listed on the front (col 8)

Insurance Company	Policy Number	Policy Period	Claimant's Name	Claim Number	Cumulative Paid On Claim	Reserves In Col. 4 & 8

(3) Explanation of credits (negative) in section B (Col 2)
